APPENDIX 513-A TRAVEL/EXPENSE REIMBURSEMENT FORM

TRAVEL / EXPENSE REIMBURSEMENT FORM

STATEMENT OF EXPENSES INCURRED DURING THE MONTH OF _____

NAME:_____

TITLE:_____

DEPT:_____

Staple Receipts
Here - Face up

DATE	OFFICIAL BUSINESS Explain Clearly The Business Purpose Of Trip	ITINERARY From-To Include Time of Departure & Return	TRANSPORTATION Miles	Fare	Plane Fare	LODGING	MEALS - Including Tips Morning	Noon	Evening	OTHER ALLOWABLE EXPENSES Item	Amount	TOTAL EXPENSE PER DAY
Totals												

	Miles at Standard County Mileage Allowance	
	Miles at Official Incentive Mileage Allowance	

Passengers included in above incentive payment:_____

Total Claim _____

CLAIMANT'S STATEMENT

I declare, under penalties of perjury, that this account of travel expenses is true and correct and in conformity with the Human Resources policy manual and related guidelines and instructions. This claim represents reasonable and actual expenses necessarily incurred by me personally in the performance of my official duties and no portion of this claim was provided free of charge or covered by a special registration fee, or previously reimbursed to me by Eau Claire County or any other source.

I certify that I have reviewed this travel/expense report and find it to be reasonable, proper, and in conformity with the Human Resource policy manual.

Date	Claimant's Signature

Date	Approved by Authorizing Party

WAS ANY PART OF THE TRIP(S) ABOVE CHARGED TO THE COUNTY PROCUREMENT CARD OR REIMBURSED BY A THIRD PARTY?

YES	NO

If yes, please list item(s):_____

_____